

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANTS

09/744395

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIM							
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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